Charitia Burt National Stage Processing Paralegal Specialist

(703) 305-3734

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

n9/423863

	Effective November 10, 1998												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
F	DRy for lile	ny N	NUMBER FILED NUMBER				EXTRA	1	RATE	FEE	1 1	RATE	FEE
BASICFEE										OR		840	
TOTAL CLAIMS / minus					20= · Gat			M	X\$ 9=		SH SH	X\$18=	
INE	DEPENDENT C	LAIMS	(minus 3 =			1465			X39=		SH SH	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							Q _L G	+130=		33	+260=	/	
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	840
CLAIMS AS AMENDED - PART II OTHER TH										THAN			
L							(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIN REMAIN AFTE AMENDO	NING ER		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		E		X\$ 9=		OR	X\$18=	
AME	Independent *		05.44	Minus ***		=		X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+130=		OR	+260=		
TOTAL										OR .	TOTAL		
	ADDIT. FEEON ADDIT. FE												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	•		Minus	**		Ε .		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u>		Minus •••			-	X39=			OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							֓֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֡֓֓֓֡֓֡֓	+130=		OR	+260=	
									TOTAL DOIT. FEE		OR ,	TOTAL ADOIT. FEE	
		(Colum				olumn 2)	(Column 3)						
AMENDMENT C		CLAIM REMAIN AFTE AMENDM	ING R		PF	HIGHEST NUMBER LEVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•		Minus	**		E		X\$ 9=		OR	X\$18=	
AME	Independent	•		Minus	***		E		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	+130=			+260=		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE								OR	TOTAL			
	f the "Highest Nur If the "Highest Nur	mber Previo mber Previo	usly Pai xusly Pai	d For IN THIS Id For IN THI	S SPA S SPA	ICE is less tha ICE is less tha	n 20, enter "20. n 3, enter "3."	•	DOIT. FEE			NOOIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

									(CPF	} {	5/12/	10z)
	PATENT	APPLICATION Effect	RD	Application or Docket Number								
		SMALL ENTITY			OTHER THAN OR SMALL ENTITY							
TOTAL CLAIMS			(Column 1) (Column 2)				RATE FEE			OR 7	RATE	FEE
FOR			NUMBER FILED NUM			BER EXTRA	BASIC				BASIC FEE	·
TOTAL CHARGEABLE CLAIMS			7 minus 20= *				X\$ 9	X\$ 9=			X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = * ·			X42				OR		
М	ULTIPLE DEPE	NDENT CLAIM F					X42	=		OR	X84=	
*	* If the difference in column 4 is less than 1 minutes in									OR	+280=	
	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	740.00
٤	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								ENTITY	OR	OTHER SMALL	
AMENDMENTA		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*21	Minus	** ~2	0	= /	X\$ 9	=		OR	X\$18=	18
AME	Independent	* ENTATION OF M	Minus	*** DENIDENIA	<u>3</u>	=	X42:	=		OR	X84=	84
L	1	- IVITATION OF W		1-0			+140	=		OR	+280=	
		TO		······		TOTAL	10 >					
		(Column 1)		(Colur		(Column 3)	ADDIT. F	'E		, ,	ADDIT. FEE	/ <u>C</u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***	- C. A.I.A		X42=	- 1		OR	X84=	
	I INOT PRESE	NTATION OF MU	JUIPLE DEF	PENDENT	CLAIM		+140:			OR	+280=	
							TOT	AL		OP L	TOTAL	-
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT. F	EE L		JON ,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	EST BER OUSLY	PRESENT EXTRA	RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
NON I	Total	*	Minus	**		=	X\$ 9=		166	OR	X\$18=	<u> </u>
\ME	Independent	*	Minus	***		=	X42=	╁		ŀ		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+		OR	X84=	
* 1	f the entry in colui	mn 1 is less than th	e entry in colu	mn 2. write	"0" in col	umn 3.	+140=			OR	+280=	
**	f the "Highest Nur If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For" IN THI aid For" IN THI	S SPACE is S SPACE is	less than	n 20, enter "20." n 3. enter "3."	ADDIT. FE	EL			TOTAL DDIT. FEE	· · · · · · · · · · · · · · · · · · ·
_	The "Highest Num	nber Previously Pai	d For" (Total or	Independe	nt) is the	highest number f	ound in the	appr	opriate box	in colu	ımn 1.	